

AREA BOARD 6 MINI GRANTS APPLICATION

This application packet is provided as a resource to those persons and/or organizations in Area Board 6's catchment area interested in submitting a Mini Grant application. The funding for the Mini Grants is being provided through the SCDD's Community Program Development Grant (CPDG) program for Fiscal Year 2008-2009, up to a maximum of \$5000 per individual grant, for a funding total of \$10,000.

The Council approved mini grants to fund supports/services in the Area Boards' catchment areas for local unmet needs. Local priorities include but are not limited to health, disaster preparedness, advocacy including self advocacy and educational advocacy, and recreation. Other needs that can be addressed in grants are identified in the current SCDD State Plan, available from the Area Board 6 or www.scdd.ca.gov. The submission of an application through the CPGD program is not a guarantee of funding.

All Mini Grant Applications must be submitted by 5 pm on November 20th, 2008 to:

**Area Board 6 on Developmental Disabilities
2529 W. March Lane, Suite 105
Stockton, CA 95207**

Mini Grant applications shall be a maximum of six (6) pages and shall use **font size 14 and have 1" margins.**

In completing the Mini Grant application, the SCDD strongly encourages applicants to be accurate, brief, and clear in their proposal. Ask someone to help with this if you think you need it.

The Mini Grant application must be submitted in the following order to be considered:

1. Mini Grant Application Cover Sheet (1 Page)
2. Program Summary (Maximum of 3 pages)
3. Budget Page (1 Page)
4. Timeline Page (1 Page)

The Mini Grant application process does not contain a debriefing process or a protest period.

MINI GRANT APPLICATION TIMELINES

Flyer – Mini Grant Application Release	October 22 nd , 2008
Area Board Evaluation/Ranking	November 23 rd , 2008
Award Notification	November 24 th , 2008
Anticipated Funding of Mini Grant Awards to Begin	December 1 st , 2008

COVER SHEET

Applicant: _____

Title of Proposal: _____

Address: _____

Amount Requested: \$_____

Contact Person: _____

Email: _____

Phone Number: _____

Fax Number: _____

Federal Identification or Social Security Number: _____

Is This Entity a Disabled Veteran's Business Enterprise? _____ Yes _____ No

Check Type of Organization: _____ Non-Profit _____ Proprietary _____
Higher Education _____ Local Government Agency _____ Other (specify)

Identify the County(ies) where the services will be provided: _____

Total number of individuals with developmental disabilities and/or families that will be served by this project: _____ Consumers _____ Family Members

Project Summary (Maximum of 3 pages)

1. Summary of Services – Tell us about your proposed project in one page or less.
2. Applicant's Experience and Knowledge – What sorts of things have you done and learned in the past that will help you with this project?
3. State Plan Objective(s) – Which State Plan objective is this project about? How will you know that your project is working and that it's helping others?
4. Need for Project – Why do you think this project is important?
5. Target Audience – Who is this project for? How many people do you think you will reach?

Applicant: _____

BUDGET PAGE

A. PERSONNEL SERVICES

Name / Position

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

A. Total Personnel Costs: \$ _____

B. CONSULTANTS – List agency if applicable

1. _____ \$ _____
2. _____ \$ _____

B. Total Consultant Costs: \$ _____

C. OPERATING COSTS: (LIST OPERATING COSTS THAT APPLY.)

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____
5. _____ \$ _____

C. Total Operating Costs: \$ _____

TOTAL (Sum of A+B+C) \$ _____

Applicant: _____ Title: _____	MINI GRANT APLLCATION TIMELINE PAGE						
List Project Activities/Services	Check the Month(s) Activities/Services will be Provided						Identify Person
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	